

Appendix 2

Wisconsin Medicaid Specialized Medical Vehicle Provider's Vehicle(s) Insurance Documentation Requirements Checklist

Insurance Documentation Requirements

As part of the certification application, new specialized medical vehicle (SMV) providers must submit insurance documentation detailed in the checklist of this appendix. Currently certified SMV providers are required to submit complete insurance documentation *immediately* when there has been a change in their insurance carrier/agency or when a new replacement insurance policy (excluding a renewal for the same policy) has been issued. Specialized medical vehicle providers are required to submit the following information to Wisconsin Medicaid for approval:

- Copy of the current vehicle's/vehicles' commercial insurance policy (certificates of insurance are not acceptable).
- Completed current Wisconsin Medicaid Specialized Medical Vehicle Information Chart (refer to Appendix 1 of this handbook for a sample form).
- Letter of receipt of payment from the insurance company.

It is the responsibility of the provider, not the insurance agency, to ensure that Wisconsin Medicaid receives the complete insurance documentation by the due date. Providers should give their insurance representative a copy of the checklist so that he or she is familiar with the specific requirements. To avoid delays in approval by Wisconsin Medicaid, providers should review the insurance documentation for accuracy before submitting it.

Submit insurance information to:

Wisconsin Medicaid
Provider Maintenance
6406 Bridge Rd
Madison WI 53784-0006

Temporary Certification Requirements

Wisconsin Medicaid grants temporary certification to the SMV providers who submit an insurance binder which documents all the information required in Section A of the checklist of this appendix. Temporary certification is granted to new providers or to currently certified providers who change their insurance carrier/agency or obtain a new replacement policy. Temporary certification is limited to a maximum of 60 days from the effective date on the binder or the specified binder expiration date, whichever comes first. Wisconsin Medicaid determines the length of a new or reinstated provider's temporary certification by the initial certification or reinstatement effective date. For example: The initial certification or reinstatement date assigned is May 15 and the insurance binder is valid May 1 to June 30. Wisconsin Medicaid approves the temporary certification from May 15 to June 30 or 46 days.

Specialized medical vehicle providers are required to send a copy of their final insurance policy which documents all the information in Section A of the checklist of this appendix. Wisconsin Medicaid must receive the policy before the temporary certification ends, or Wisconsin Medicaid cancels the provider number. The provider number remains canceled until Wisconsin Medicaid receives the documentation; this causes a lapse in certification. The date that Wisconsin Medicaid receives the acceptable insurance documentation is the date of the SMV provider's certification reinstatement. Wisconsin Medicaid will not pay claims with dates of service (DOS) during the period of lapsed certification. Specialized medical vehicle providers are responsible to ensure that Wisconsin Medicaid receives a copy of the actual acceptable policy before their temporary certification expires to avoid a lapse in certification.

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Changes in Coverage

Wisconsin Medicaid prohibits SMV providers from transporting Medicaid recipients in any vehicle not covered under the terms of the commercial insurance policy on file with Wisconsin Medicaid. Substitution of vehicles is not allowed. Before using any vehicle that is not on file with Wisconsin Medicaid, the following information must be submitted to Wisconsin Medicaid for approval:

- A copy of the amended insurance policy or changed endorsement with the vehicle identification number (VIN) of each additional vehicle.
- An updated Specialized Medical Vehicle Information Chart.
- Motor/Bus Human Service Vehicle Inspection Report (Department of Transportation [DOT] form SP4162).

When Wisconsin Medicaid receives a cancellation notice from an SMV provider's insurance carrier/agency, Wisconsin Medicaid sends a sanction notice to the provider. It states that the provider's number will be canceled in 20 days if Wisconsin Medicaid does not receive notice of reinstatement without a lapse from the same carrier/agency (for the same policy) or complete documentation of insurance from the provider. The provider number remains canceled until Wisconsin Medicaid receives the documentation; this causes a lapse in certification. The date on which Wisconsin Medicaid receives the acceptable insurance documentation is the date the SMV provider's certification is reinstated. This date is now the assigned reinstatement date. Wisconsin Medicaid will not reimburse claims with DOS during the period of lapsed certification.

Specialized Medical Vehicle Insurance Documentation Checklist

Please carefully read the information on the first two pages. *All* new and reinstated SMV providers are required to send the completed insurance documentation as detailed below. Currently certified SMV providers who change their insurance carrier/agency or obtain a new replacement policy are required to *send it immediately* to Wisconsin Medicaid. Attach the policy to a current Vehicle Chart(s) and send it to the Wisconsin Medicaid address listed at the end of Section A of this appendix. All of the policy items in Section A of this appendix must be contained in the policy and binder if submitted first. All items of the letter of receipt in Section B of this appendix must be included in the letter.

A. Copy of Specialized Medical Vehicle's/Vehicles' Current Commercial Insurance Policy Must Contain:

- 1) ____ Insurance company name.
- 2) ____ Amount of personal liability for each person (minimum \$250,000).
- 3) ____ Amount of total personal liability for each occurrence (minimum \$500,000).
- 4) ____ Amount of property damage insurance on *each* SMV (minimum \$10,000). Exception: A combined single limit (CSL) policy with a minimum of \$500,000 will be accepted. The separate \$10,000 property requirement will be administratively waived, without a waiver request, *only* for CSL policies with a minimum liability of \$500,000.
- 5) ____ Name of insured: This must be a commercial policy, not a personal policy, in the SMV business name (the name on the policy must exactly match the SMV business name on all Medicaid documents and/or the Medicaid file).

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- 6) ____ All vehicles used for Medicaid transports must be listed on the current Specialized Medical Vehicle Information Chart(s) and the policy (binder too, if submitted first). The VINs on the binder and policy must *exactly* match the VINs on the current Specialized Medical Vehicle Information Chart(s). Attach a completed current Specialized Medical Vehicle Information Chart.
- 7) ____ Effective dates of current period of coverage.
- 8) ____ Additional insured or notification endorsement is required. This is required so that the insurer guarantees to notify Wisconsin Medicaid prior to a policy cancellation. The following must be included in the policy (and binder, if submitted first) and on all policy renewals:

Wisconsin Medicaid
Provider Maintenance
6406 Bridge Rd
Madison WI 53784-0006

B. Letter of Receipt of Payment for Current Vehicle's/Vehicles' Insurance Must:

- 1) ____ Be from the insurance company on the insurance company's letterhead.
- 2) ____ Include holder (insured SMV Medicaid provider) name and policy number.
- 3) ____ Include effective dates of current period of coverage.
- 4) ____ Include date of payment of current policy premium.
- 5) ____ Indicate whether this is for a binder or an actual policy.
- 6) ____ Include the insurance representative's signature and date; initials or signature stamps are not accepted.

